

Australian Treating Clinician Approval Form

Name of organisation/individual making the request:	
The resident State/Territory of the organisation/individual making the request:	
Address of the organisation/individual making the request:	
Name of the blood product requested:	
Quantity of the blood product requested (daily/weekly dose of blood product x period of time):	
Patient's diagnosis or clinical reason for the request:	
Is the receiving patient an Australian citizen or permanent resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date the blood product is required e.g. date of departure/travel overseas:	
Length of time the blood product is required i.e. the duration of travel/residency overseas:	
If the request is for a repeat supply, provide details of the number of previous occasions the product has been supplied and the quantity:	
Details of person completing the request	
Name:	Signature:
Date :	
National inventory of blood product Requested (ARCBS/Other Approved Supplier as appropriate) NBA USE ONLY	Inventory of product(s): Days/Months Cover: